

# FLORIDA PHYSICIANS

MEDICAL GROUP

THE SKILL TO HEAL. THE SPIRIT TO CARE.

## REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

**Section A: Please complete the following information for all requests**

1. Today's date \_\_\_\_\_
2. Patient name \_\_\_\_\_
3. Birth date \_\_\_\_\_
4. Patient # \_\_\_\_\_
5. Patient address \_\_\_\_\_

6. I hereby request that Florida Physicians Medical Group (FPMG) provide me with : (Please check all boxes that apply; Please allow 60 days for your request to be processed.)

- Access to Inspect/Review     My own copy of the "Requested Information" checked below:
- My medical records.
  - My billing records.
  - Any other personally identifiable information used by FPMG to make medical decisions about me. Please describe: \_\_\_\_\_
  - I am only interested in accessing or obtaining a copy of the Requested Information relating to the time period \_\_\_\_\_ through \_\_\_\_\_.
  - I am interested in access or obtaining a copy of all Requested Information maintained by FPMG.
  - I would prefer to receive the Requested Information in the form of a summary if available as prepared by FPMG at a cost to me of (\$ \_\_\_\_\_).
  - Other specific requests: \_\_\_\_\_

7. What format do you wish to receive the information in:

- Photocopies     Electronic (if available)     Other (if available) \_\_\_\_\_

Signature of patient or legal representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of personal representative \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Section B. Must be completed by FPMG Entity only**

Access Request has been:  Accepted  Denied

If denied, check the reason for denial:

- PHI is not part of your designated record set
- Federal law forbids making the PHI in question available to you for inspection (e.g., CLIA or Privacy Act of 1974).
- PHI is psychotherapy notes.
- PHI has been compiled for legal proceeding.
- PHI was obtained under promise of confidentiality and access would be reasonably likely to reveal source of PHI.
- PHI is temporarily unavailable because you have agreed to denial of access in connection with your agreement to participate in a research study.
- Licensed health care professional determined access to PHI is reasonably likely to physically harm you or others.
- Licensed health care professional determined PHI identifies a third person who is reasonably likely to be physically, emotionally, or psychologically harmed if access to PHI is granted.
- Licensed health care professional determined providing your personal representative access to PHI is reasonably likely to harm you.
- We are acting under the direction of a correctional institution and allowing the inmate (you) obtain a copy of PHI would jeopardize the health, safety, security, custody or rehabilitation of you or another person at the correctional institution.
- PHI is not maintained by our health care facility.
- We do not know who maintains the PHI you requested.
- We reasonably believe the PHI you requested is maintained by (Contact Information):

**Right to Review:**

- You do not have the right to a review of this denial.
- You do have the right to a review of this denial.  
Contact Information \_\_\_\_\_

- You do have a right to complain in writing to the Secretary of the Department of Health and Human Services:

Region IV, Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909

Staff comments \_\_\_\_\_

Signature of staff person \_\_\_\_\_

Date \_\_\_\_\_

Print name and title \_\_\_\_\_

*You will be charged a nominal fee for any computer disks used,  
photocopying, and mailing your request.*